TRICARE

TRICARE Management Activity

Access to Care in the MHS from the Patient's Perspective

Meeting the Wait Time For Appointment Standard at our MTFs (or not) and its Broader Implications

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LTC Thomas Williams
TMA/HPA&E

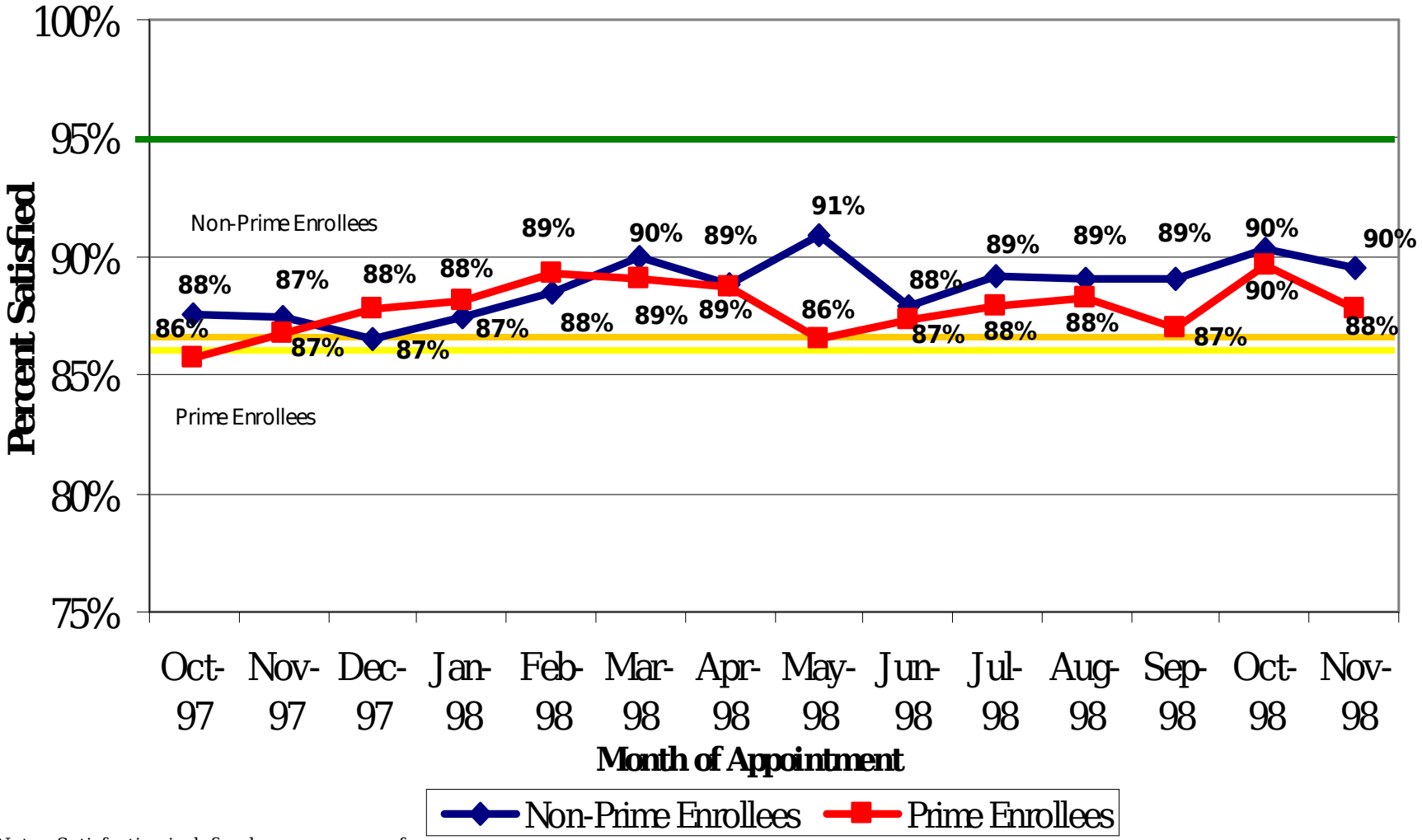
14 April 1999

Overview

TRICARE Management Activity

- The Sky is Not Falling -- Overall Satisfaction is Strong
- Situational Context of the Access Issue
- Current Situation on Access
  - The Standards
  - Where We Stand Relative to the Standards
  - Analytical Findings Related to the Access Standards at MTFs
  - Annual Survey Results and Broader Measures of Access
- Conclusions and Recommendations

MHS
Patient Satisfaction
MTF Prime Enrollees vs. MTF Non-Prime Enrollees



Note: Satisfaction is defined as a response of "somewhat satisfied", very satisfied", or "completely satisfied" on Question 12 of DoD's Customer Satisfaction Survey (7 point Likert scale).

TOPS Performance Target-95%

Threshold Score in FY 99 ASD (HA) Performance Co

Average Score in NRC's 1998 Market Guide Survey National Sample of 57,189 HMO beneficiaries overa satisfaction with medical care - 86%.

Source: Customer Satisfaction Survey, October 1997-November 1998.

OPR: Lt Col Alan Constantian,

Situational Context of the Access Issue

- **Access is Under the Microscope in FY 99**
  - **FY 99 Performance Contract between HA and DEPSECDEF**
  - **GAO Study on Access to Care To Be Published in April/May 1999**
  - **Section 713 of FY 99 DoD Authorization Bill requires DoD to establish a system for measuring Access Standards to Primary Care by 1 Apr 99**
- **Access is our Area of Greatest Vulnerability**
  - **Performance is Measurable**
  - **Precise Standards Have Been Established**
  - **Failure in Delivering the Promise on Meeting Access Standards is Likely to Lead to Proposals for Alternatives to the Current System for the Provision of the Health Care Benefit to DoD Beneficiaries**

Current Status: The Access Standards

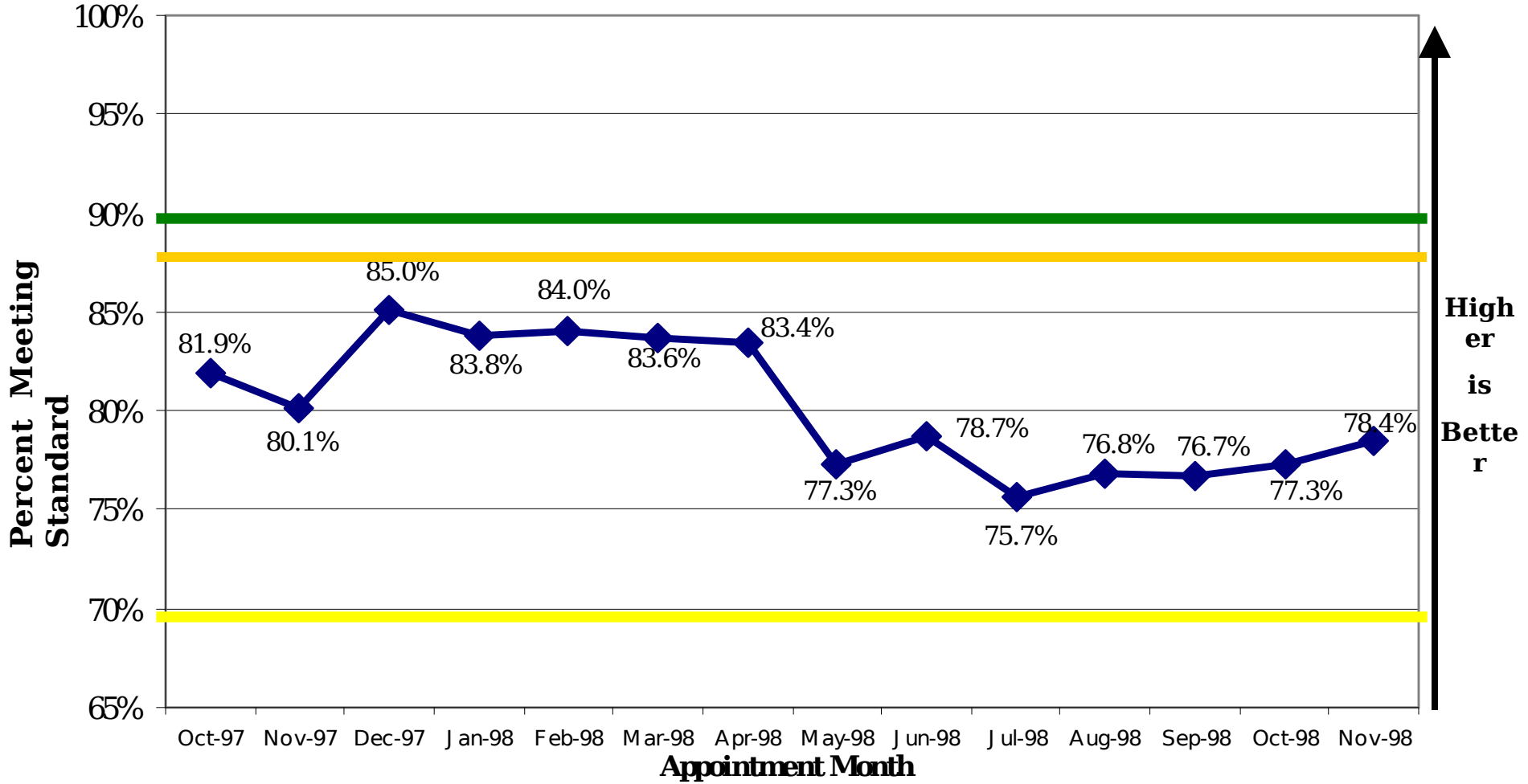
- **ASD(HA) FY 99 Performance Contract with Defense Management Council Establishes Subjective Satisfaction Standards**
  - *"Satisfaction Ratings reported by a quarterly sample of MHS users (5 or above on a seven point scale) shall not fall below 86 percent, and the satisfaction ratings reported by annual surveys of eligible beneficiaries (good, very good, or excellent) shall not fall below 73 percent"*

- **32 CFR Section 119.17 Establishes Objective System Performance Standards**
  - **Wait Time For Appointments**
    - **Urgent: 24 Hours or Less**
    - **Routine: 7 Days or Less**
    - **Well-Patient or Specialty Care: 30 Days or Less**
  - Wait Time At Appointments is 30 minutes or less (except when emergency care disrupts the normal schedule)

Where Do We Stand?

MHS

TOPS M5: MTF Prime Enrollees Meeting Appointment Waiting Standards for Urgent and Routine Appointments (Family Practice, Primary Care, Pediatrics, & Flight Medicine).



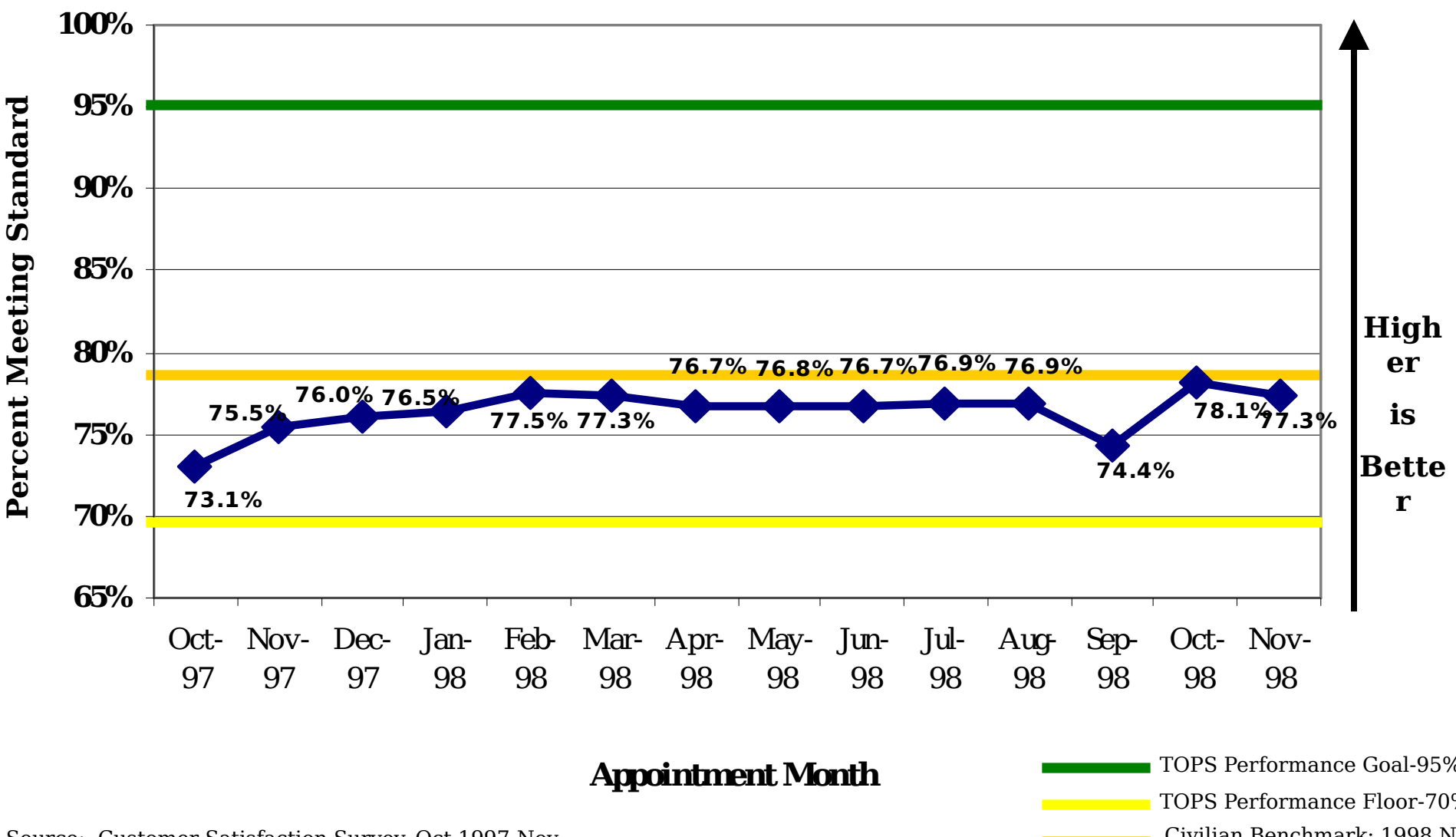
Source: Customer Satisfaction Survey, Oct 1997-Nov 1998 (Europe, Jul 1998-Oct 1998).

Note: Wait time standard is 1 day or less for Urgent Care and 7 days or less for Routine care.

OPR: LTC Alan Constantian, TMA/HPA&E, (703)

MHS

TOPS M6B: MTF Prime Enrollee Satisfaction with Access to Providers



Source: Customer Satisfaction Survey, Oct 1997-Nov 1998 (Europe, Jul 1998-Oct 1998).

OPR: LTC Alan Constantian, TMA/HPA&E, (703)

Analytical Findings

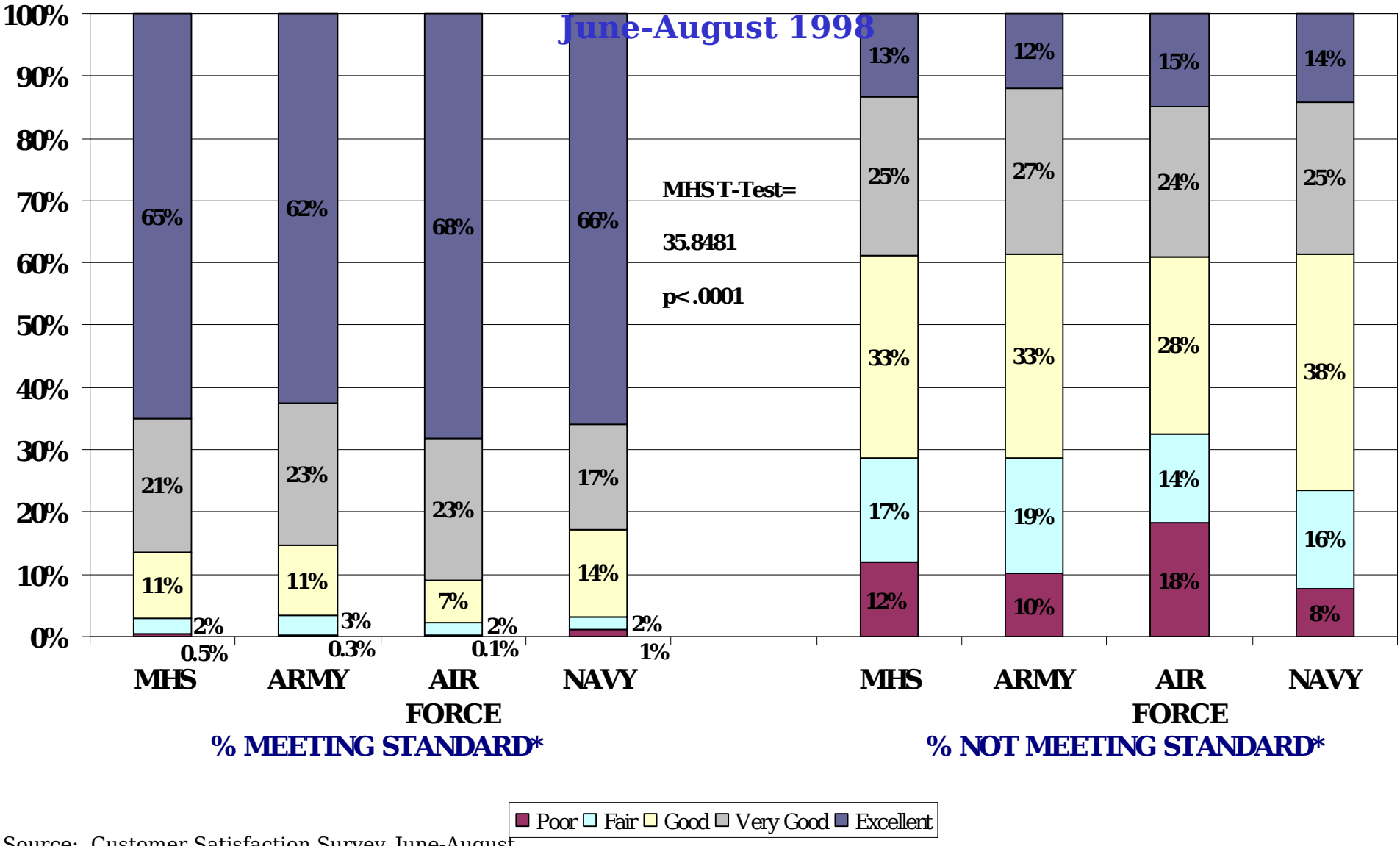
Analytical Findings

- Meeting the Standards Matters to our Enrollees
- Active Duty and Active Duty Family Members Are Particularly Sensitive to Our Performance With Regard to Meeting Access Standards
- Performance With Regard to “Routine” Appointments is weakest
- Performance Across Facilities Varies Widely

Satisfaction with the Number of Days Between Making an Appointment and Seeing the Provider

Urgent Care, By Service

June-August 1998



Source: Customer Satisfaction Survey, June-August 1998.

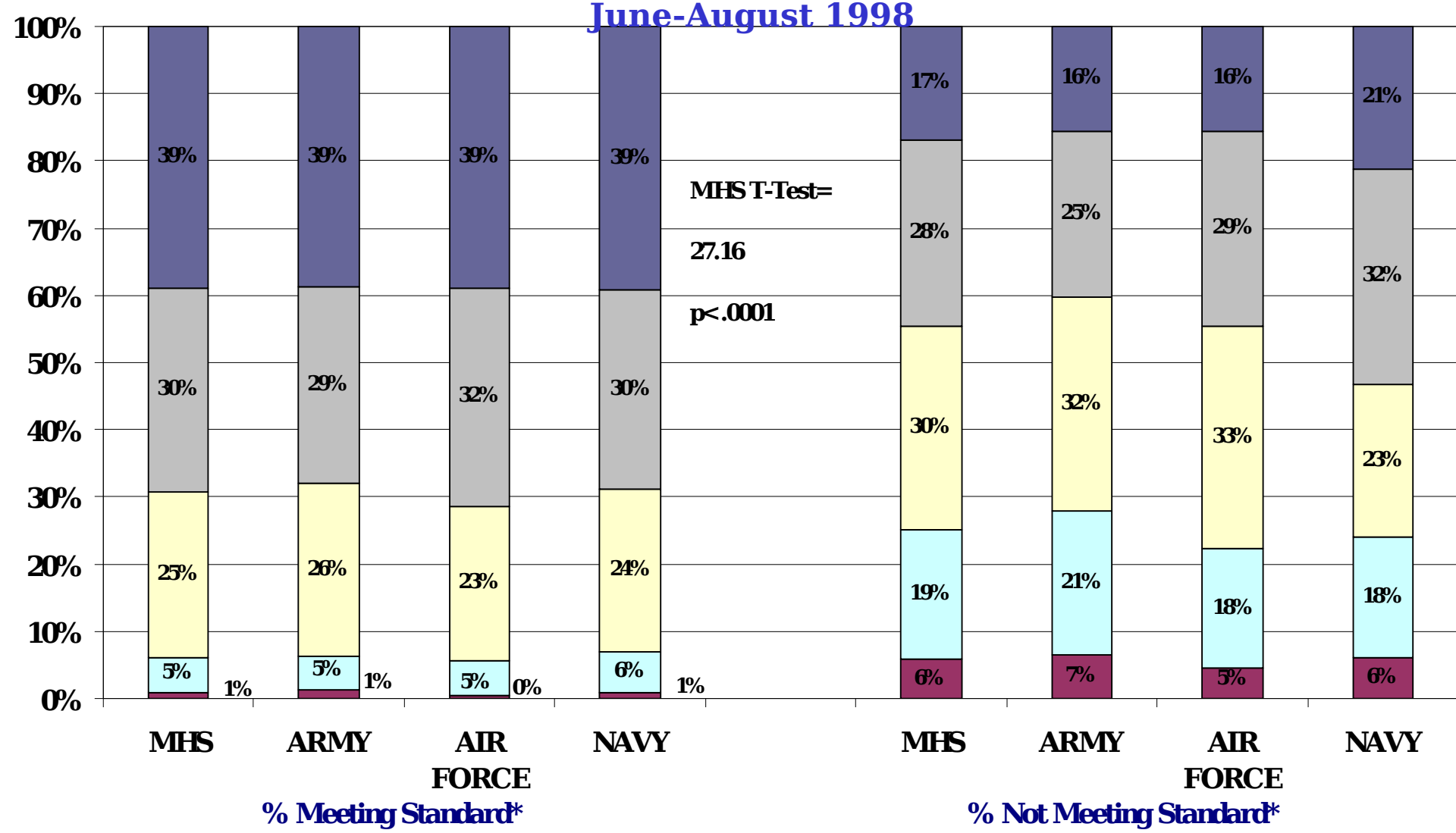
*Standard for Urgent Care is within 24 hours

OPR: LTC Alan Constantian, TMA/HPA&E, (703) 681-4260

Satisfaction with the Number of Days Between Making an Appointment and Seeing the Provider

Routine Care, By Service

June-August 1998



Source: Customer Satisfaction Survey, June-August 1998.

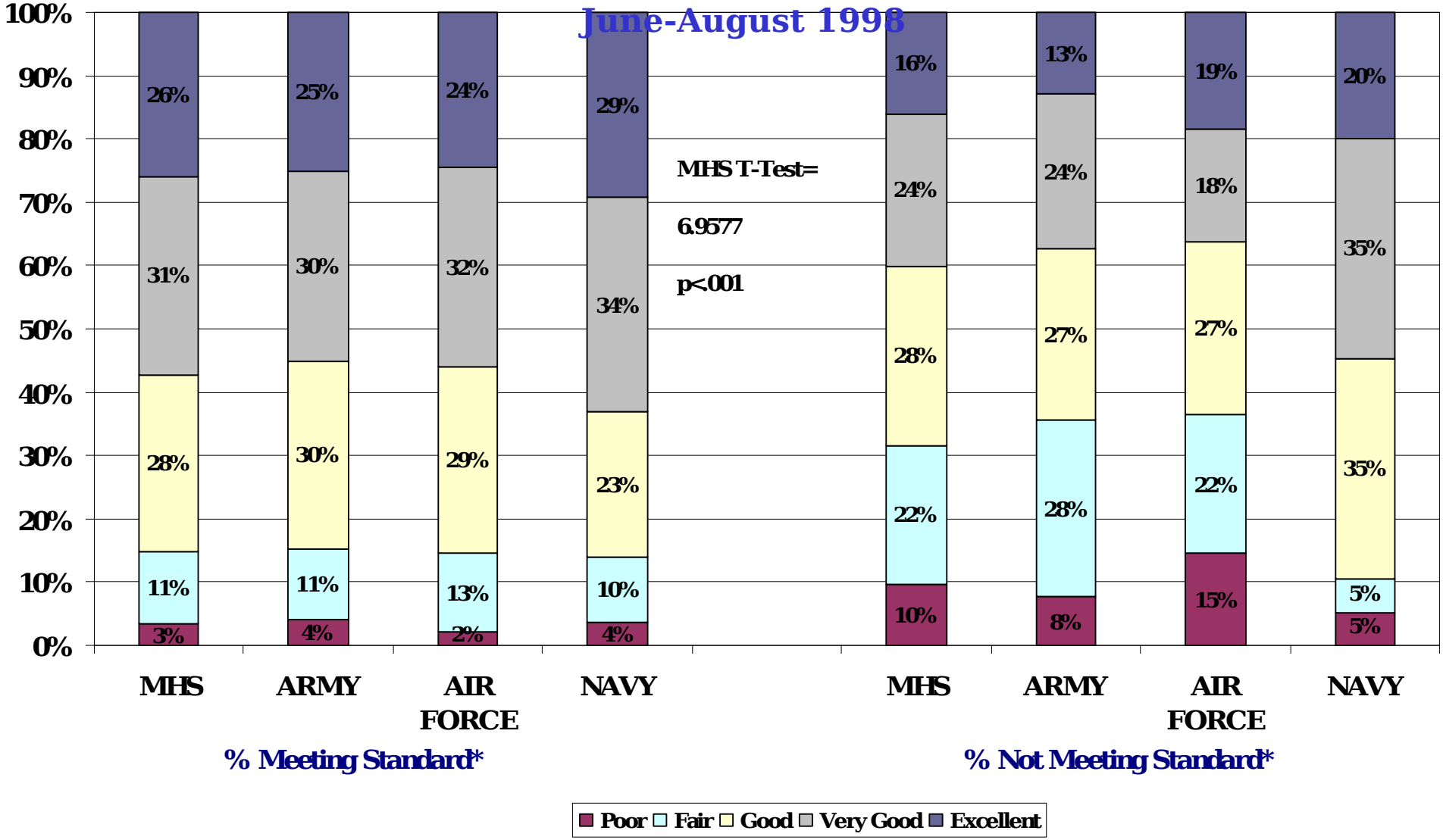
OPR: LTC Alan Constantian, TMA/HPA&E, (703) 681-4260

*Standard for Routine Care is within 7 days

Satisfaction with the Number of Days Between Making an Appointment and Seeing the Provider

Preventive Care, By Service

June-August 1998

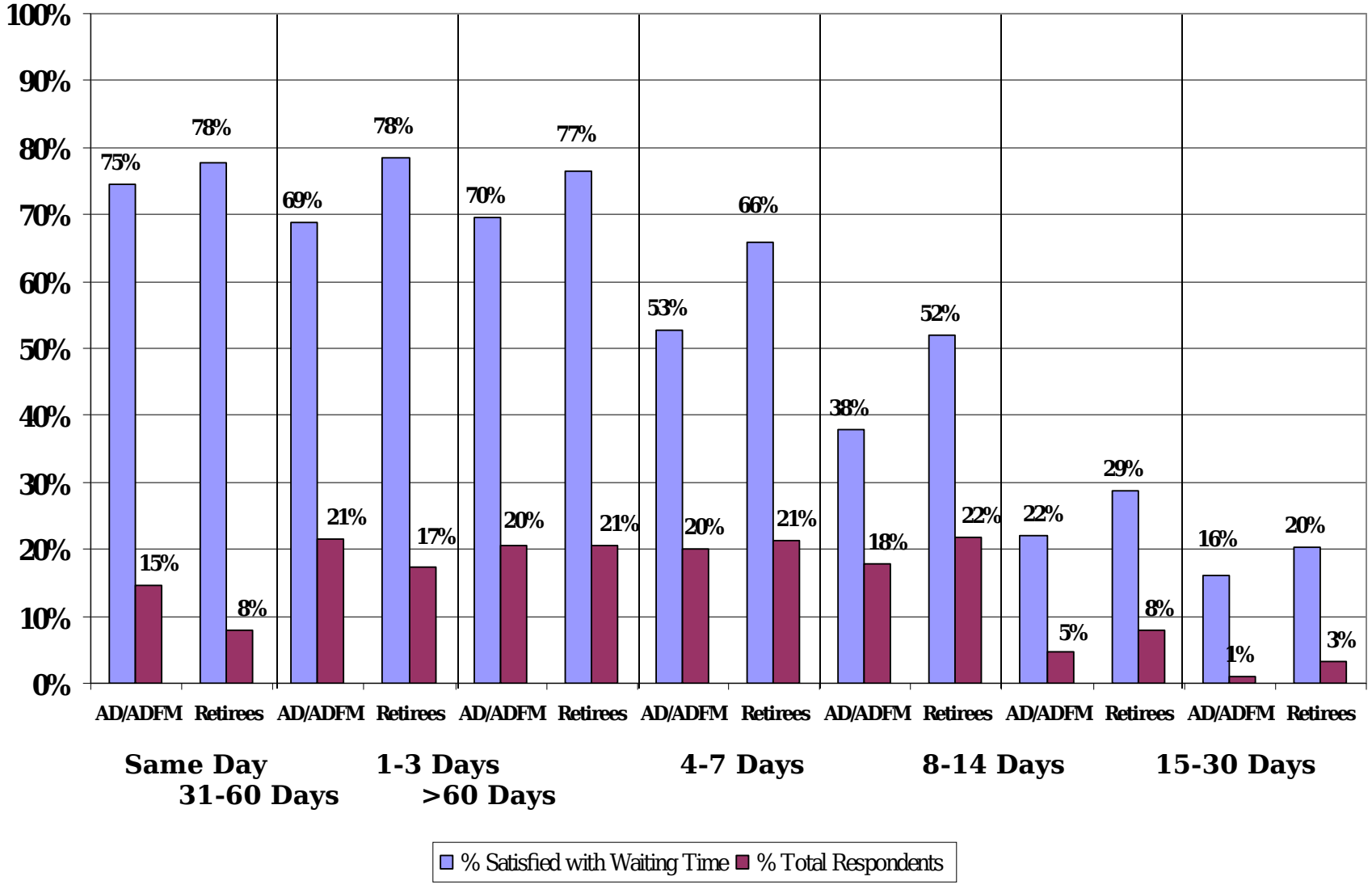


Source: Customer Satisfaction Survey, June-August 1998.

*Standard for Preventive Care is within 30 days

OPR: LTC Alan Constantian, TMA/HPA&E, (703) 681-4260

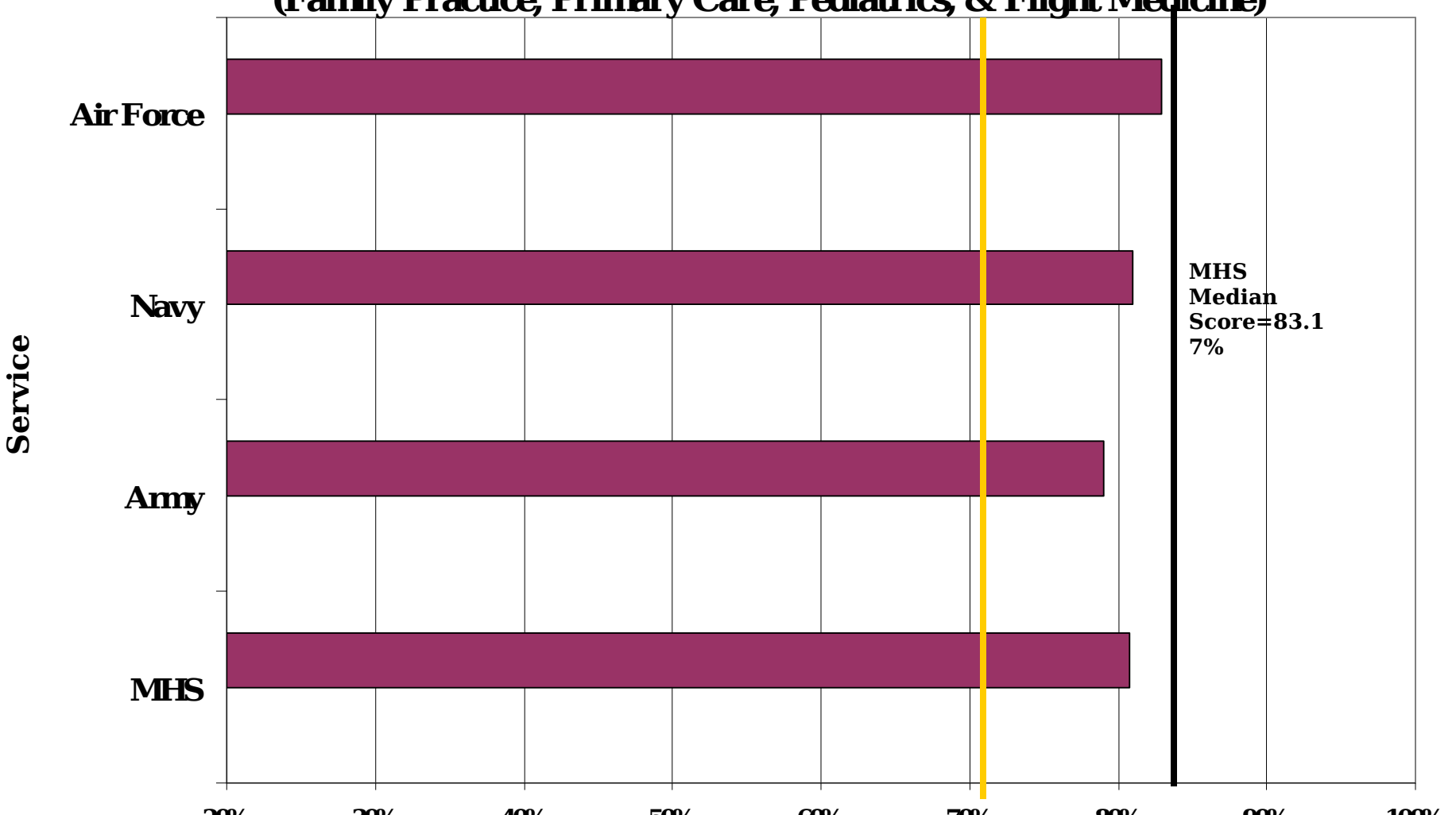
Average Waiting Time *for* Routine Appointment
Military Facilities



Source: 1997 Annual Survey of DoD Beneficiaries, Q50a and Q52i.

OPR: LTC Tom Williams, TMA/HPA&E, (703) 681-

MHS
MTF Prime Enrollees Meeting Appointment Waiting Standards for Urgent Appointments (Family Practice, Primary Care, Pediatrics, & Flight Medicine)



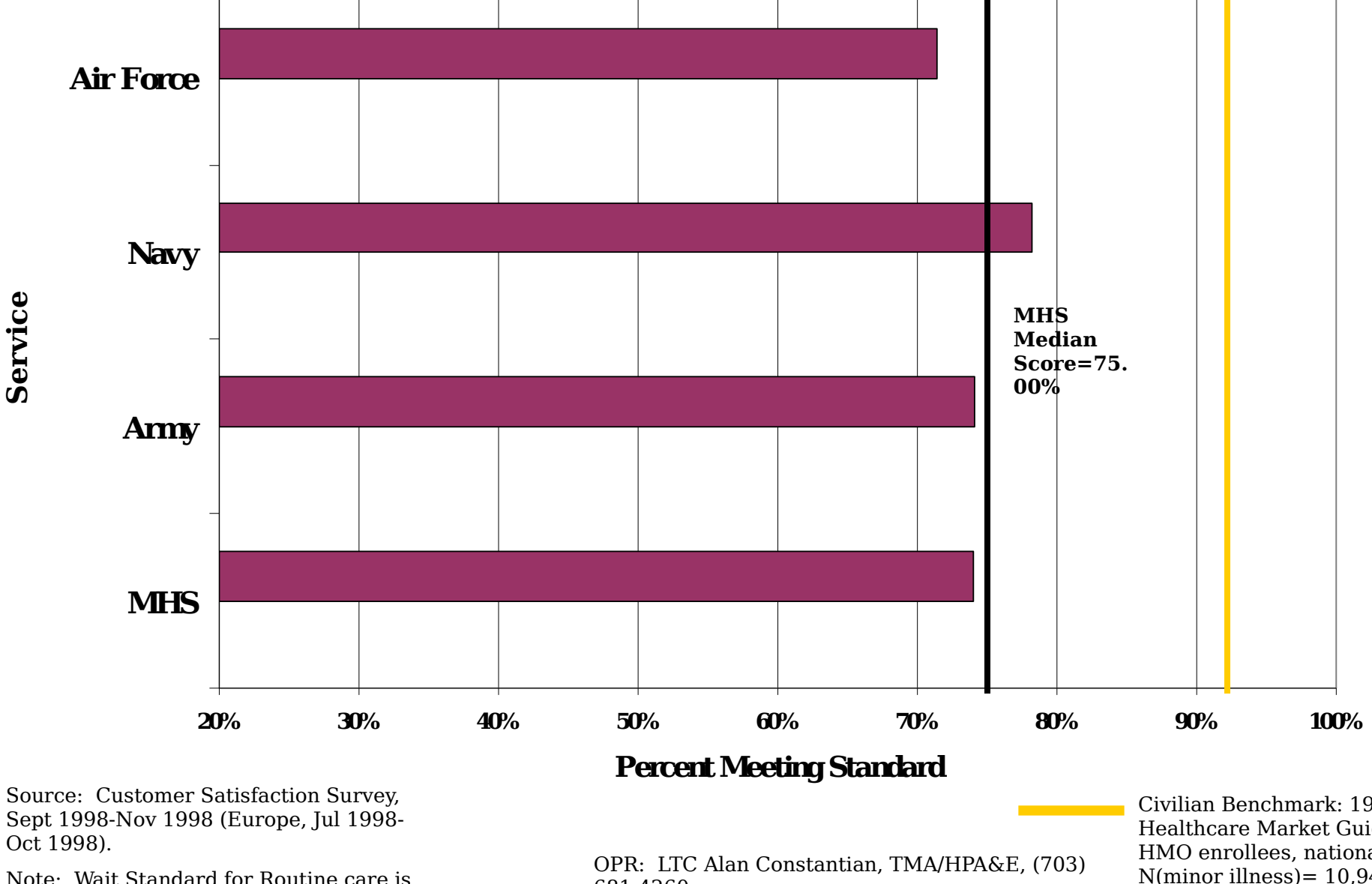
Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-Oct 1998).

Note: Wait Standard for Urgent care is

OPR: LTC Alan Constantian, TMA/HPA&E, (703) 681-4260

Civilian Benchmark: 1998 NE Healthcare Market Guide, Ci HMO enrollees, national sam N(urgent)= 2, 810 - 71%

MHS
MTF Prime Enrollees Meeting Appointment Waiting Standards for Routine Appointments (Family Practice, Primary Care, Pediatrics, & Flight Medicine)



Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-Oct 1998).

Note: Wait Standard for Routine care is

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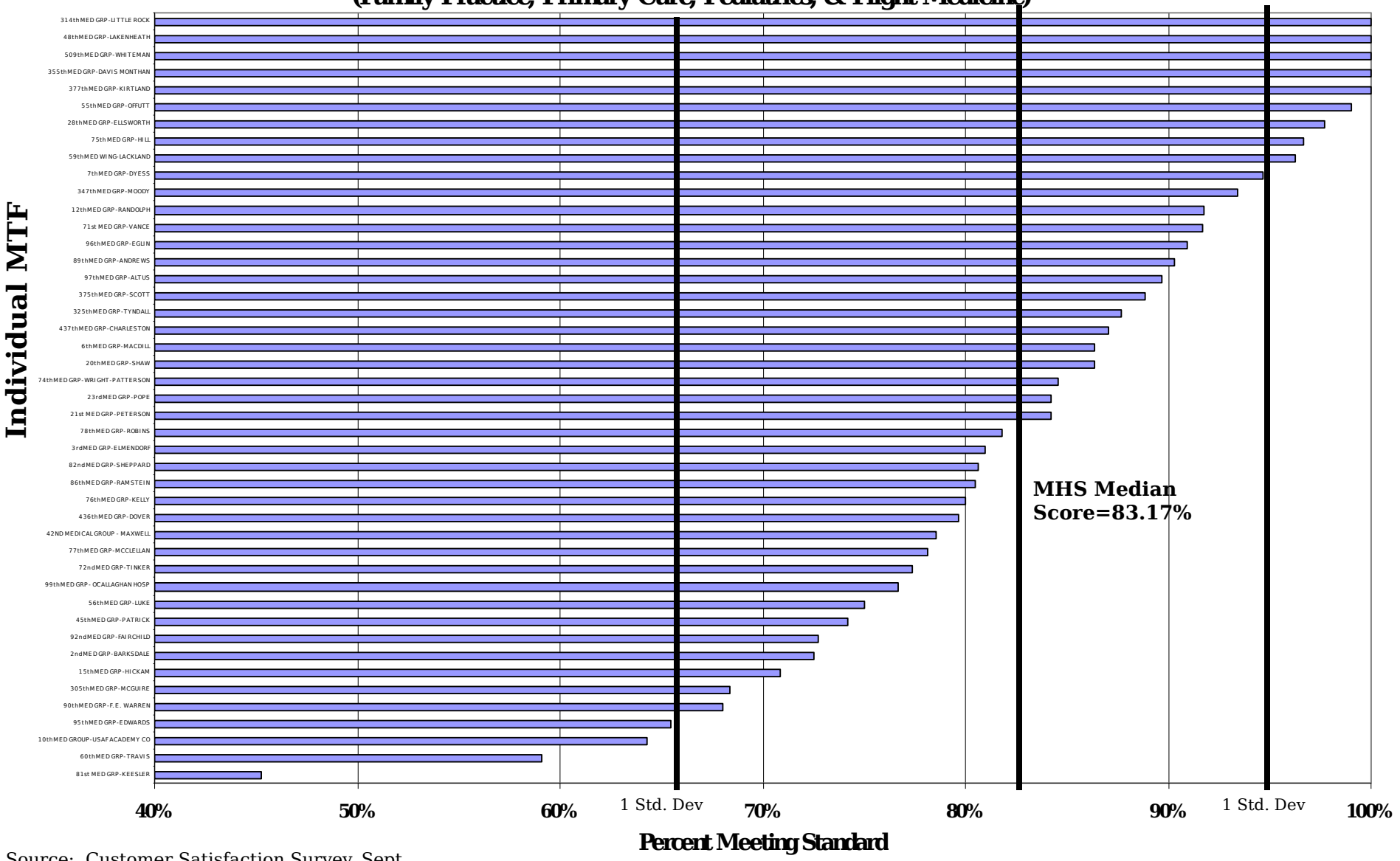
Civilian Benchmark: 1998 NE
Healthcare Market Guide, Ci
HMO enrollees, national sam
N(minor illness)= 10,942 -92

Air Force
MTF Prime Enrollees Meeting Appointment Waiting Standards for Urgent Appointments
(Family Practice, Primary Care, Pediatrics, & Flight Medicine)



Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-Oct 1998).

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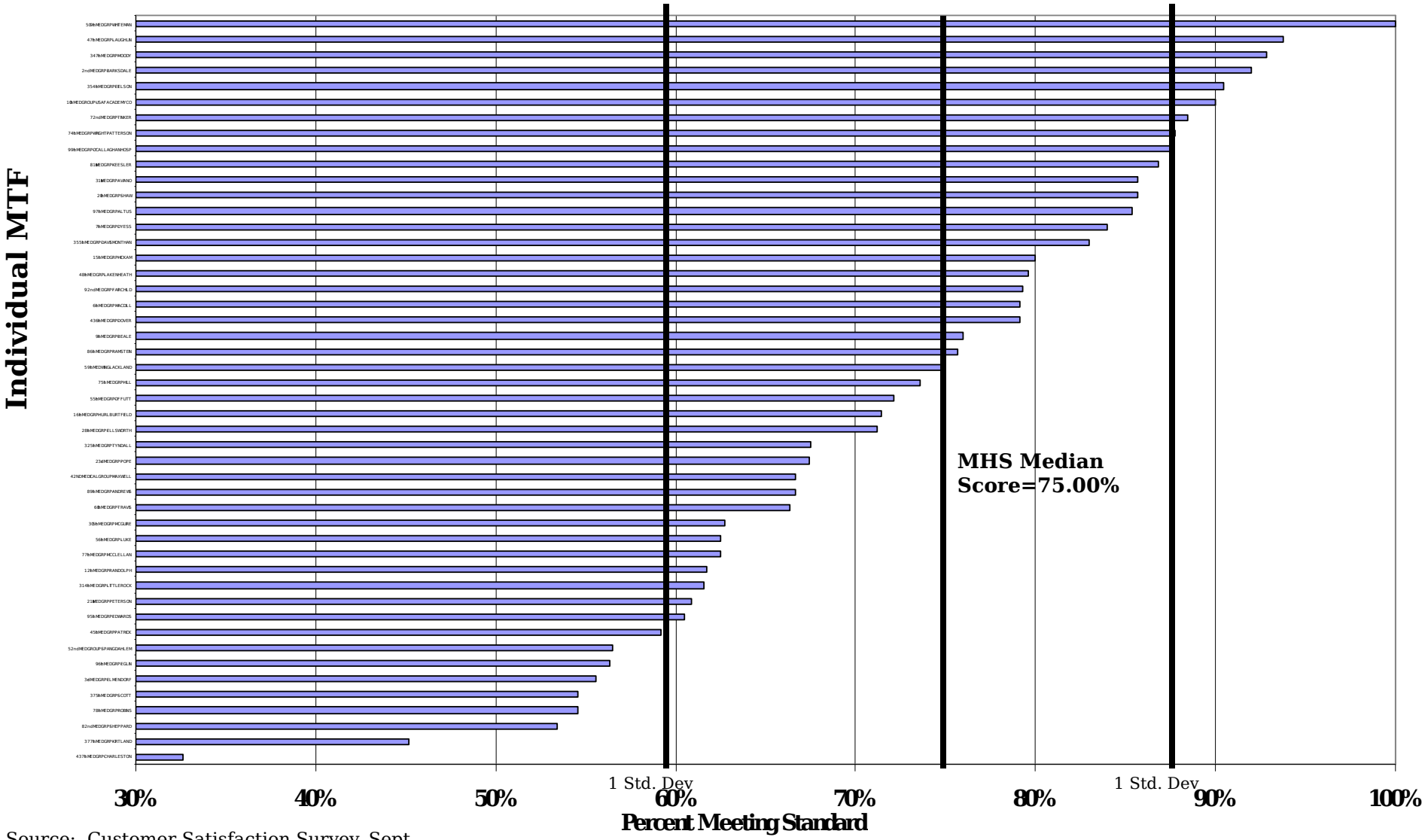

Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-Oct 1998).

Note: Wait Standard for Routine Care is

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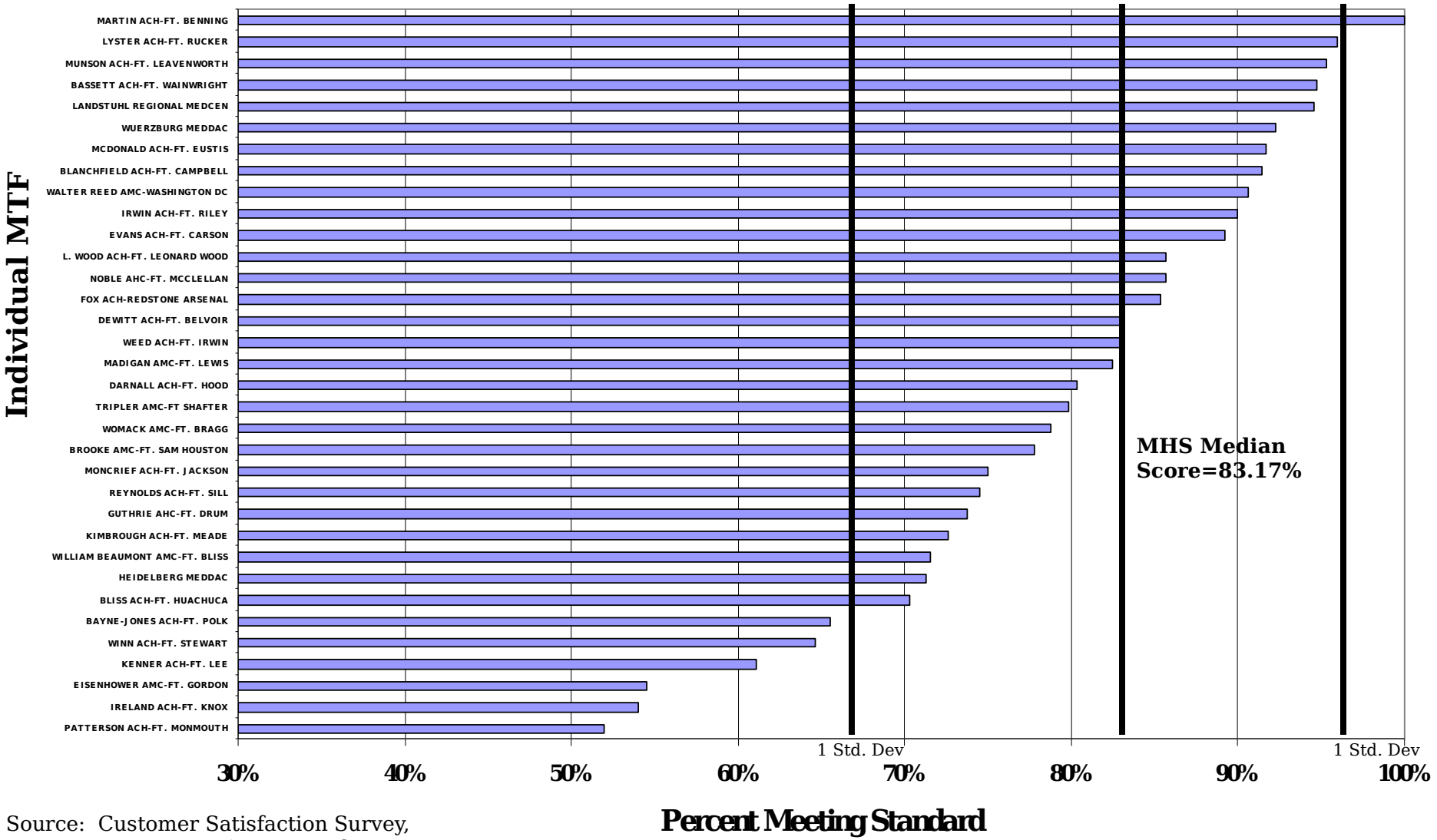
Army
MTF Prime Enrollees Meeting Appointment Waiting Standards for Urgent Appointments (Family Practice, Primary Care, Pediatrics, & Flight Medicine)



Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-Oct 1998).

Note: Wait Standard for Urgent Care is

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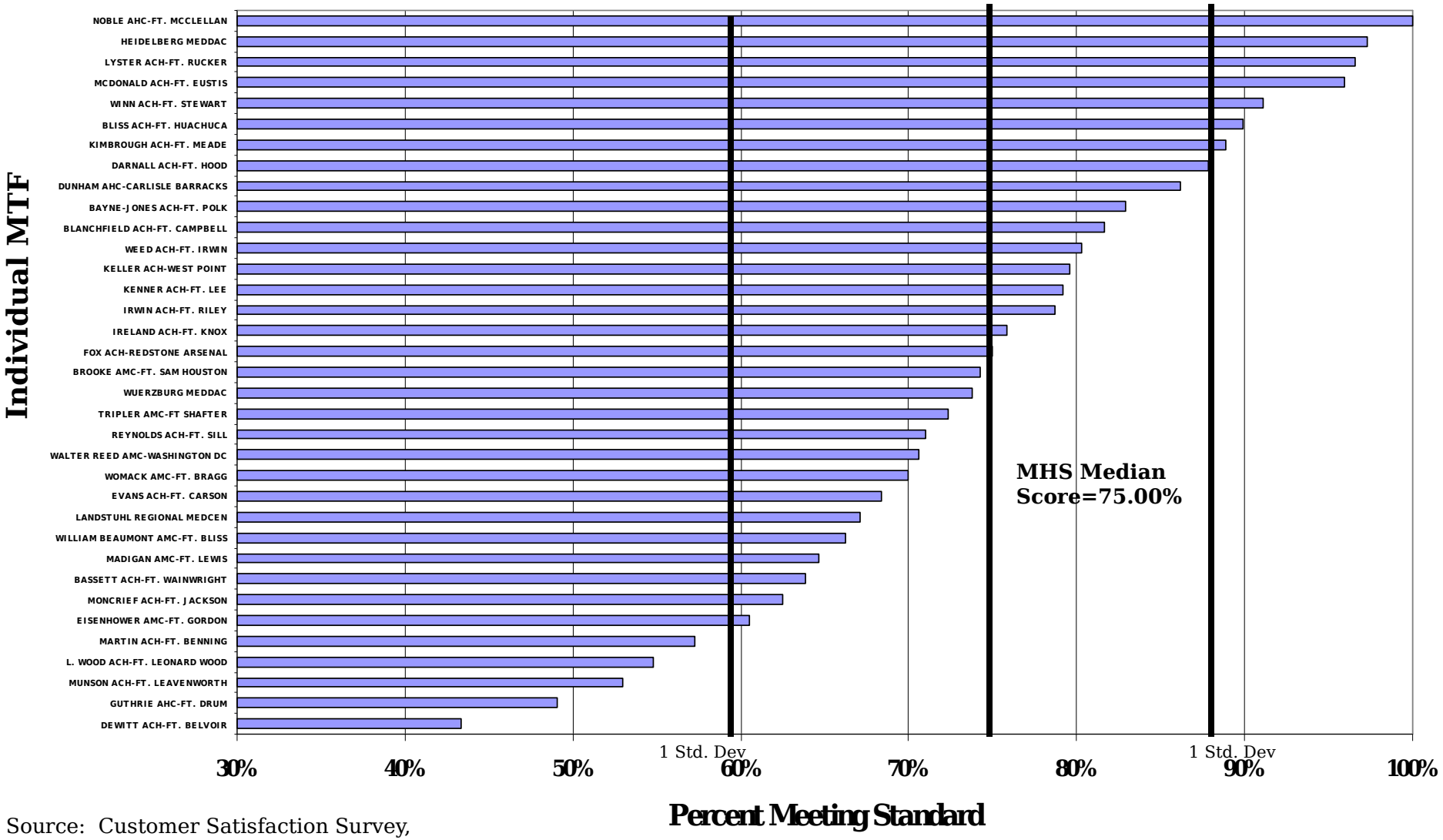

Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-Oct 1998).

Note: Wait Standard for Routine Care is

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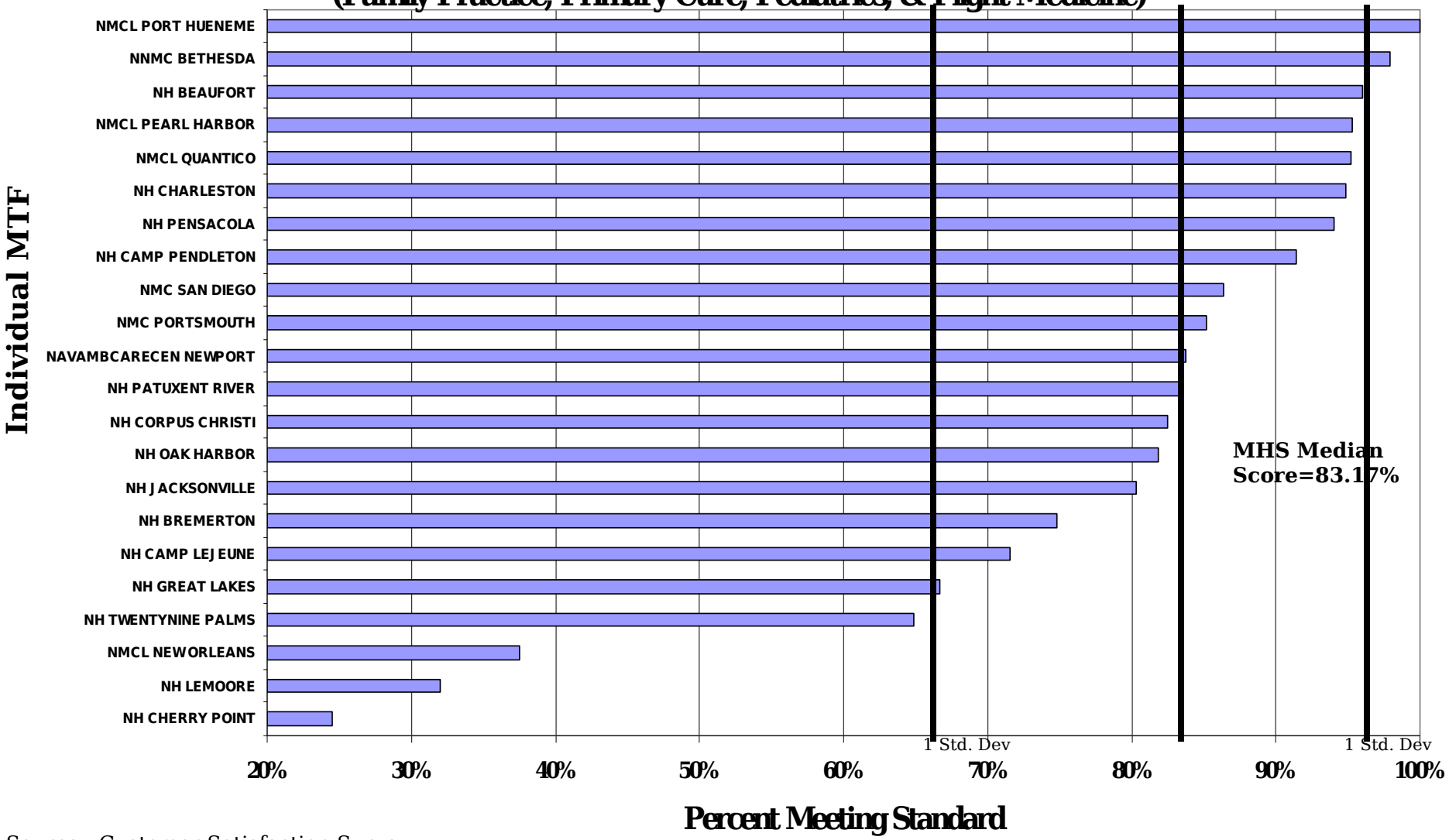
Navy
MTF Prime Enrollees Meeting Appointment Waiting Standards for Urgent Appointments (Family Practice, Primary Care, Pediatrics, & Flight Medicine)



Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-Oct 1998).

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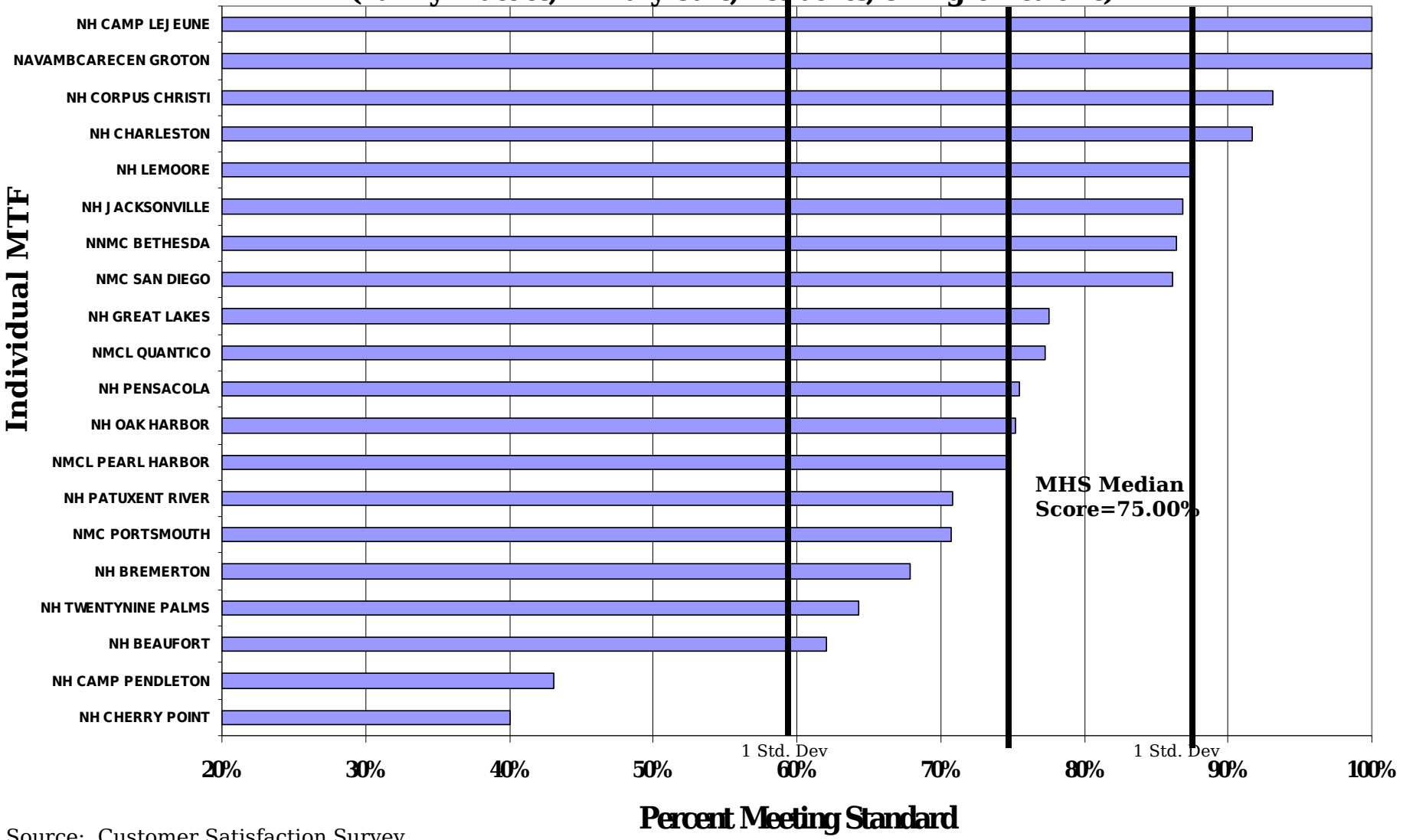

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MHS
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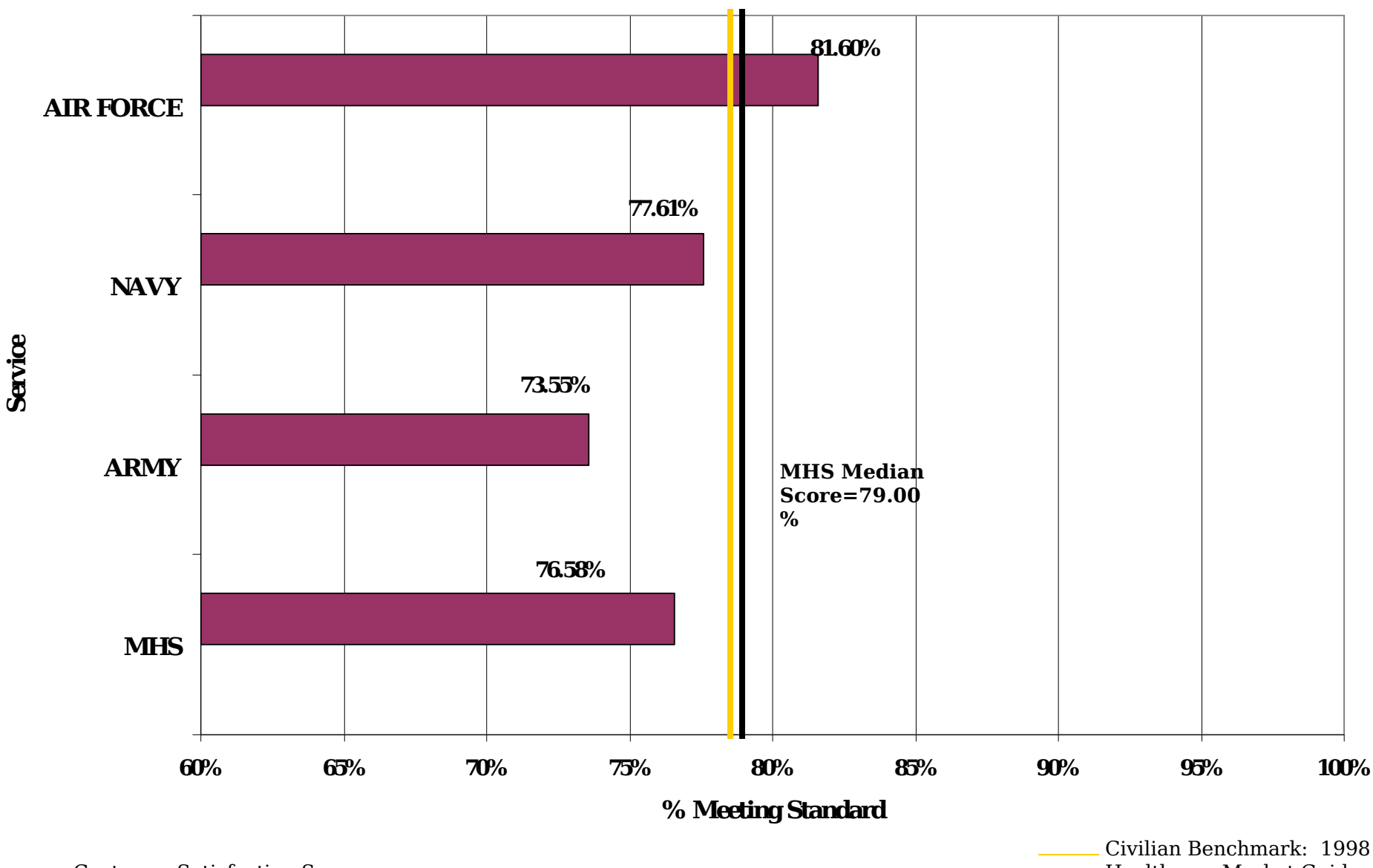
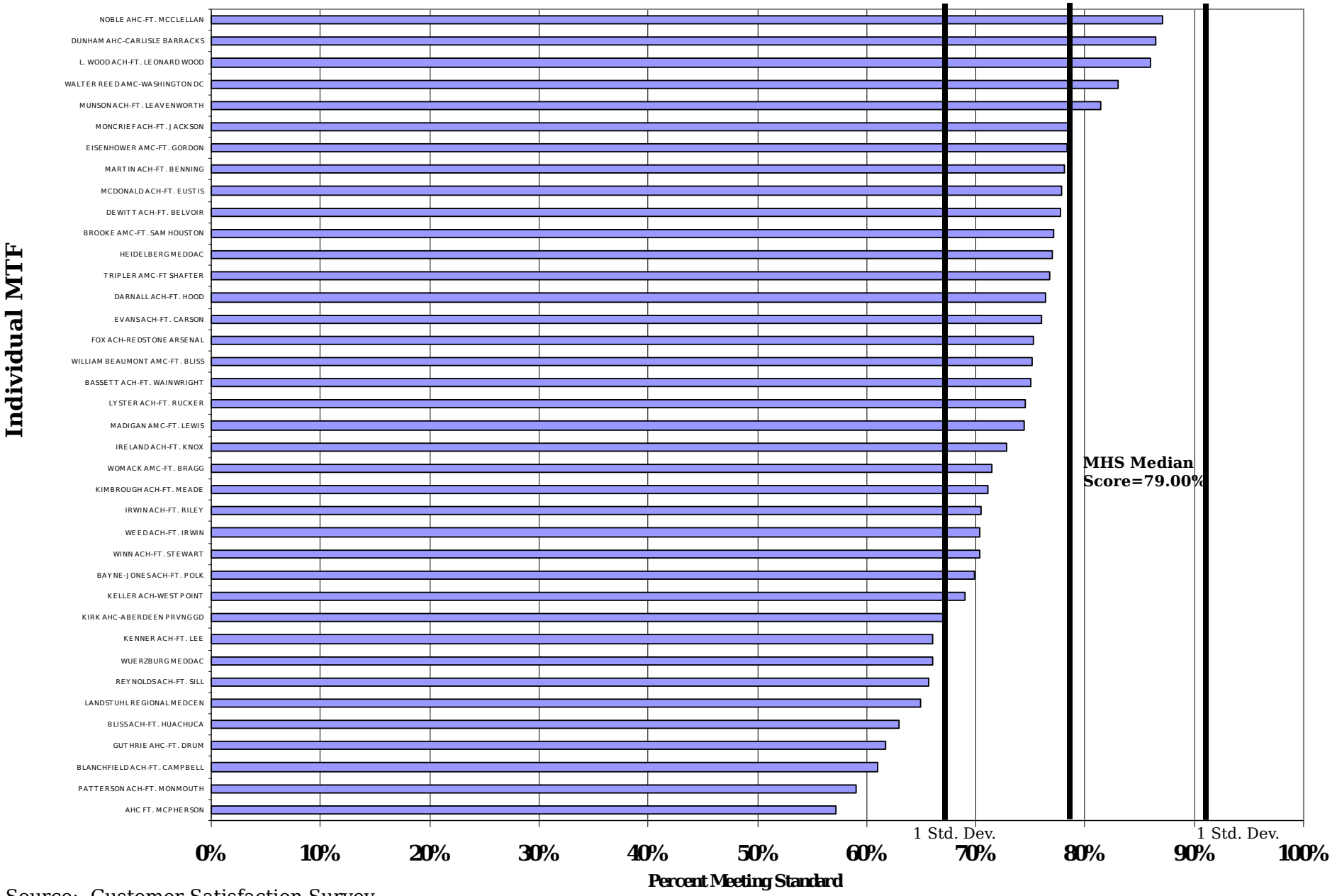


Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-

Civilian Benchmark: 1998 N
Healthcare Market Guide, Ci
HMO enrollees, N=48,394 -7

Army
MTF Prime Enrollee Satisfaction with Access to Providers



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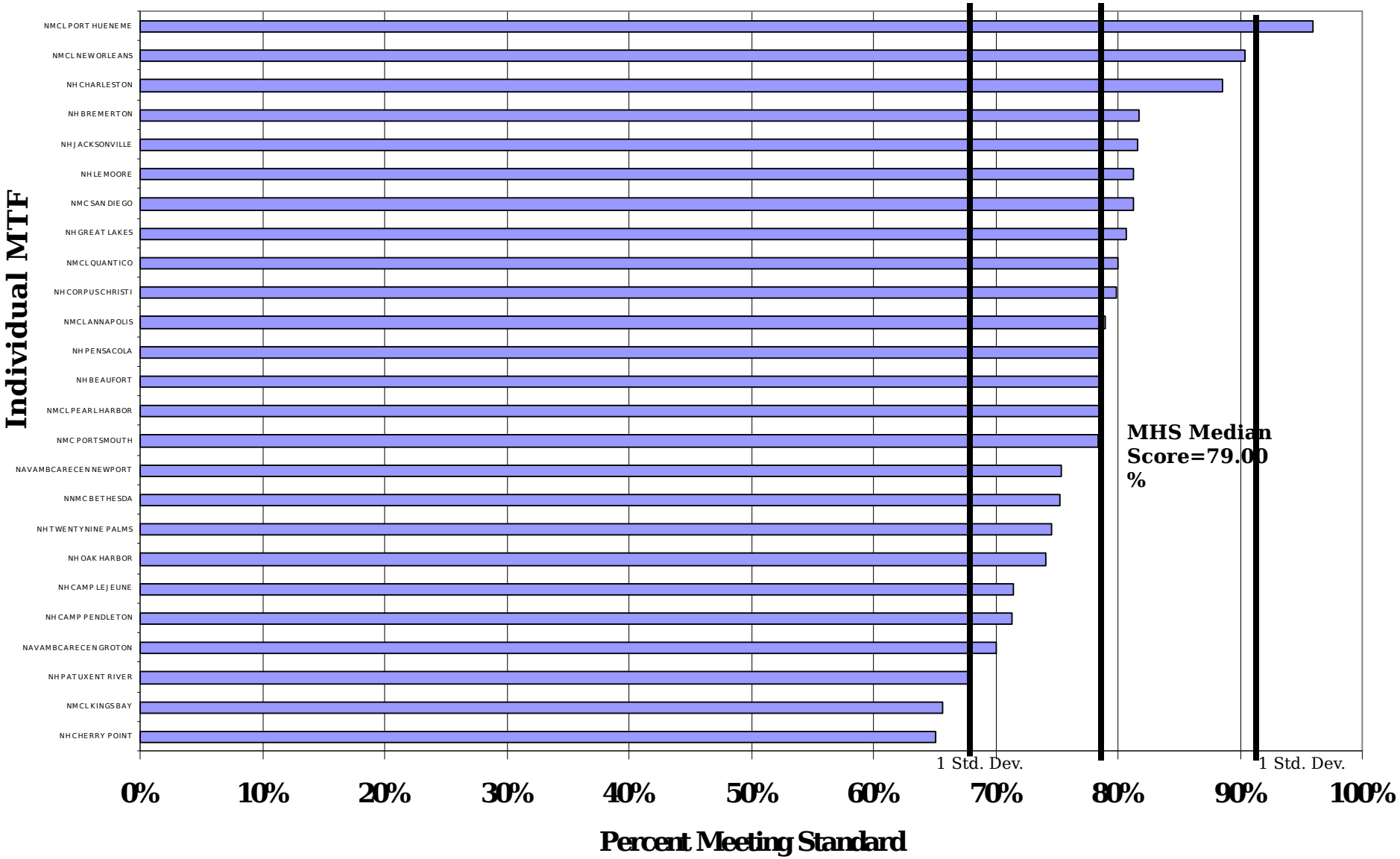

Source: Customer Satisfaction Survey, Sept 1998-Nov 1998 (Europe, Jul 1998-

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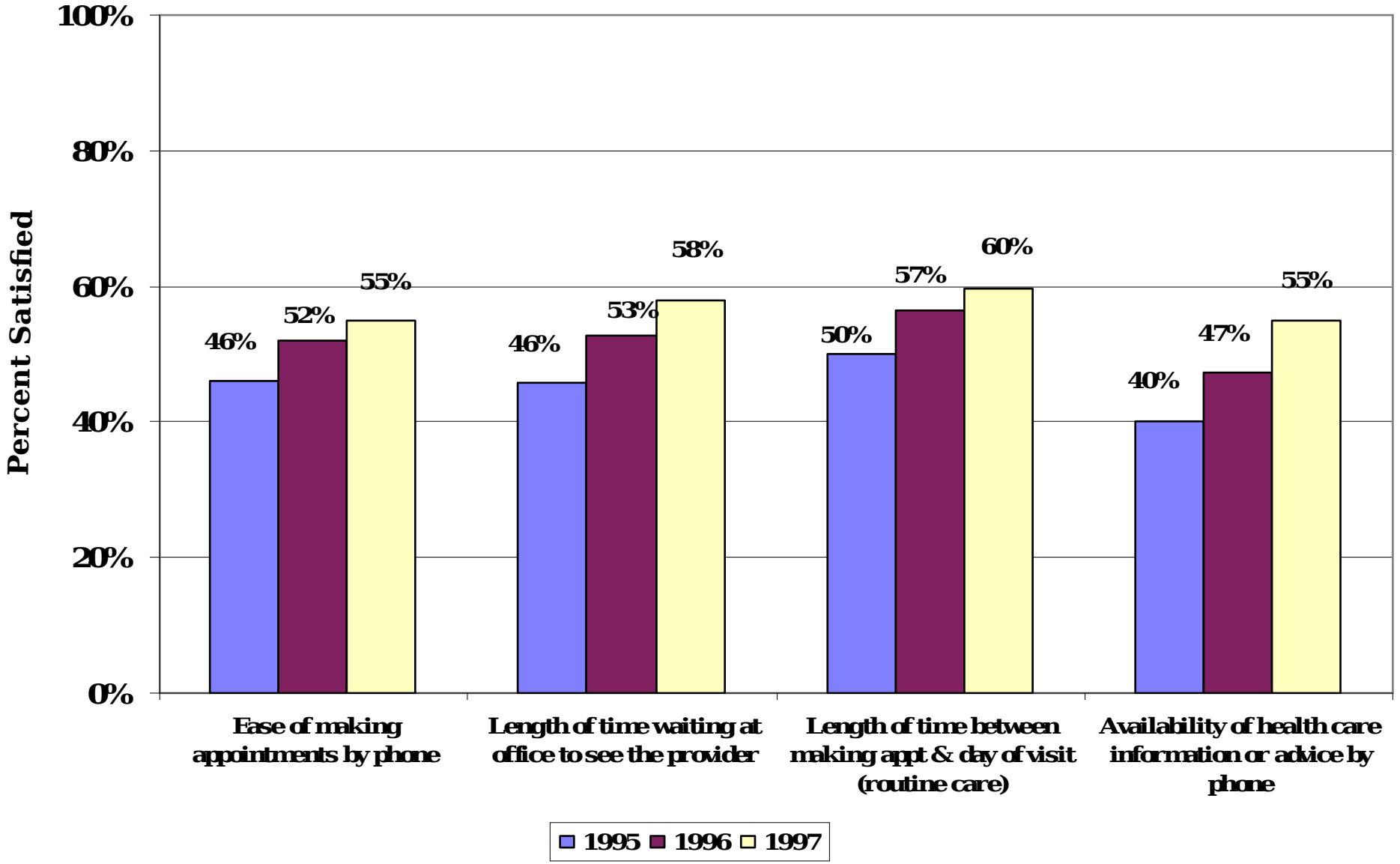
Broader Measures of Access

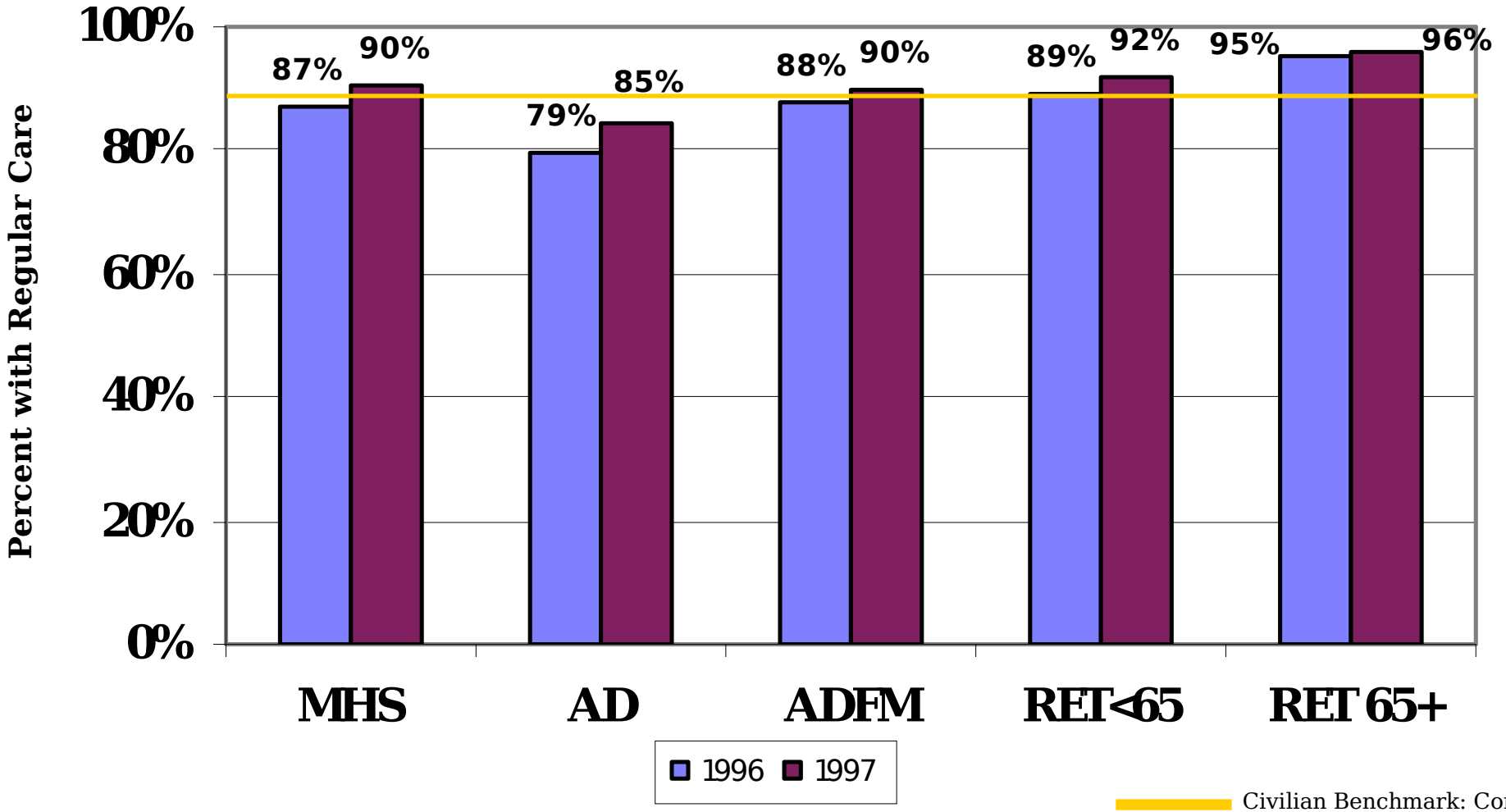
SATISFACTION WITH MEASURES OF ACCESS TO MILITARY CARE
1995 - 1997



Note: Includes beneficiaries using military care.
Source: 1995 -1997 Annual Survey

OPR: LTC Tom Williams, TMA/HPA&E, (703) 681-

BENEFICIARIES WITH A REGULAR SOURCE OF CARE BY BENEFICIARY CATEGORY 1996 - 1997

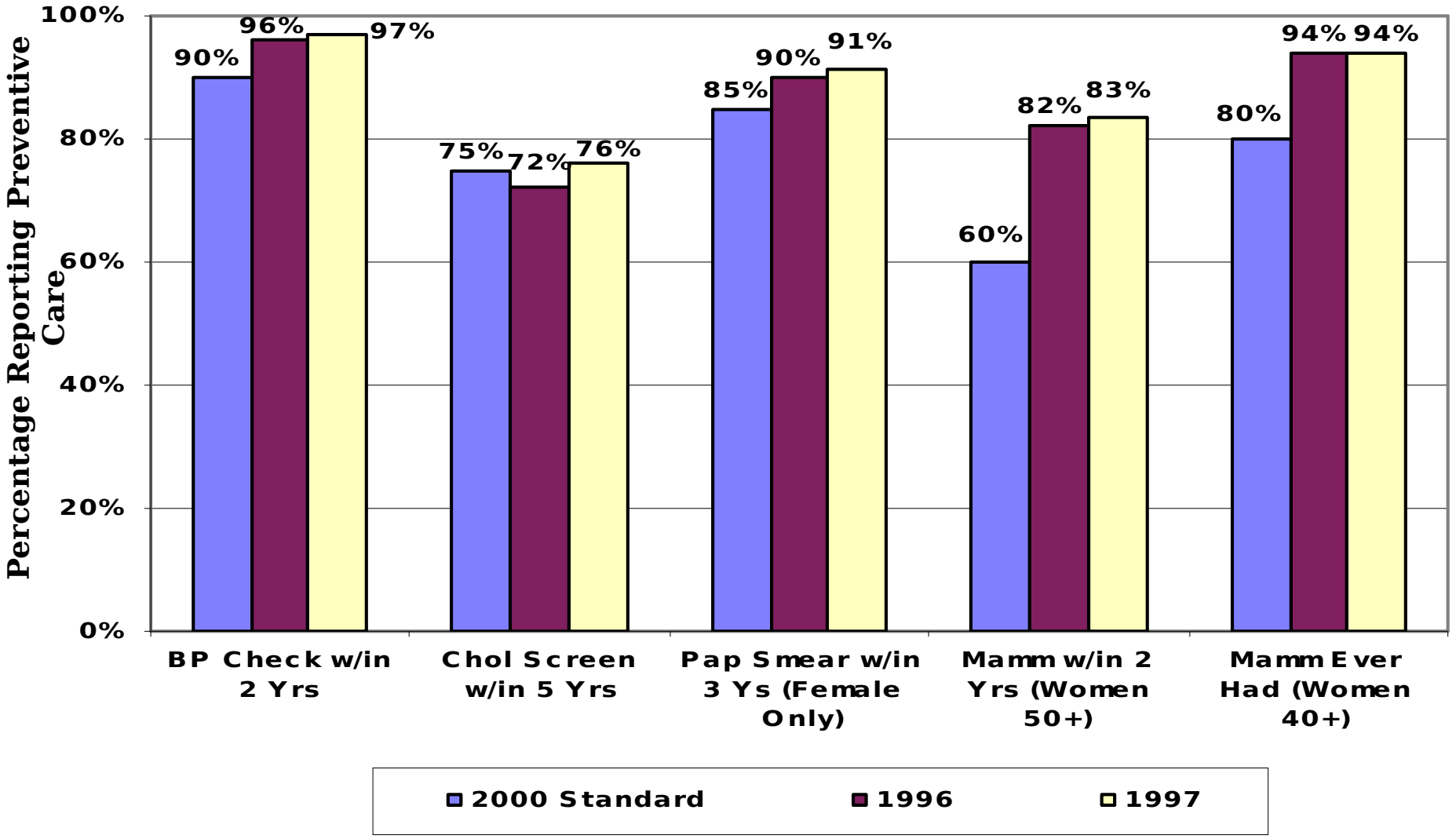


Note: Includes all beneficiaries using all sources of care.

Source: 1996 and 1997 Health Care Survey of DoD Beneficiaries

OPR: LTC Tom Williams, TMA/HPA&E, (703) 681-

PREVENTIVE CARE FOR BENEFICIARIES WHO REPORT MTF AS USUAL SOURCE OF CARE 1996 - 1997



Note: Includes beneficiaries using military care.
Source: 1996 and 1997 Health Care Survey of DoD Beneficiaries

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Conclusions

- MHS Has Achieved Good Success, but some problems remain
  - Overall Satisfaction High Despite Some Problems Related to Access to MTFs
  - Broader Measures of Access Show Good Performance by the MHS
- Performance Relative to Access Standards at MTFs Needs Improvement
  - Access Standards Really Matter to our Patients
  - AD/ADFM Are Our Most Demanding Customers
  - Routine Appointments Seem Most Difficult
  - Too much Variation Between Facilities

Recommendations

- Need to Develop a Greater Understanding of the Causes of Access Problems through Local Level Investigations and Lead Agent Involvement
- Establish Special Interest Metrics on the Access Issue to Communicate Senior Leadership Focus and Concern on this Issue to All Levels
- Provide Regular Performance Updates to MHSEC providing MTF Specific Visibility for Poor and Outstanding Performers
- Provide Incentives for MTFs to Perform Well on Access by Making Access the Basis for TRICARE Awards in FY 99